

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28109

FILED SEP 10 1941 213
Registration District No.

Primary Registration District No. 3014

Registrar's No.

248

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town R. R. #2 Jefferson City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. R. #2 Jefferson City, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life _____ (Specify whether)
 years, months or days)

3. (a) PRINT
FULL NAME FRANK KAISER

3. (b) If veteran, name war None 3. (c) Social Security
No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased March 6, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 17 hr. _____ min.

9. Birthplace Cole County, Missouri U
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name F. X. Kaiser
 13. Birthplace Switzerland 5
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Kauffman
 15. Birthplace Schwitzerland 5
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Louise Kaiser
 (b) Address R. R. #2 Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/26/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery(a) Signature of funeral director John F. Heif(b) Address Jefferson City, Mo.

19. (a) Aug 27-41 (b) Norma Schuer
 (Date received local registrar) (Registrar's signature)

894 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 0-26
 (c) City or town R. R. #2 Jefferson City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Highway 54 South
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
 year 1941 hour 9 minute 50 P.A.M.

21. I hereby certify that I attended the deceased from April 18
1940 to August 23, 1941.
 that I last saw him alive on August 23, 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration
and Myocardial degeneration About
10 years

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Paul E. Johnson (Print or other) D.O.Address Jefferson City Date signed 8/25/41

MAR 29 1945

MAR 29 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by~~ by.....

Sylvester Dulle
working under my personal supervision.

....., Registered Apprentice No. 292

Signed.....

John F. Lein

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.